

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7	1					
8						
9						
10						
11	1					
12	1					
13	1					
14						
15	1					
16						
17						
18	1					
19						
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21						
22	1					
23	1					
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33	1					
34	1					
35	1					
36						
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38						
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.	23					
TOTAL DEP.	0					
TOTAL CLAIMS	23					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						